

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10777704

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5		4				
6		4				
7		4				
8	/					
9	/					
10	/					
11		3				
12		3				
13		3				
14		3				
15		117				
16		117				
17		117				
18		117				
19		117				
20		117				
21		117				
22	/					
23	/					
24	/					
25		1				
26		3				
27		3				
28		3				
29		3				
30		12				
31	/					
32		1				
33		2				
34		117				
35		4				
36		4				
37		4				
38		4				
39		4				
40		4				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47		4				
48		4				
49						
50						
TOTAL IND.	11					
TOTAL DEP.	152					
TOTAL CLAIMS	163					

54
18
42
1
48
163

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						